Satisfaction Survey FFY20
Title III-C2 Home Delivered Meals Program

County of Residence: __________________________________________________________
Facility where you receive meals from: __________________________________________

1. How much do you worry about having enough to eat?
   - I never worry
   - I worry occasionally
   - I worry some of the time
   - I worry most of the time
   - I worry all of the time

2. How many days each week do you usually receive home delivered meals?
   - ☐ 1
   - ☐ 2
   - ☐ 3
   - ☐ 4
   - ☐ 5

3. When you do not get a meal delivered, how many total meals do you eat that day?
   - ☐ 0 meals
   - ☐ 1 meal
   - ☐ 2 meals
   - ☐ 3 meals
   - ☐ 4 meals
   - ☐ 5 meals or more

4. On the days you get a delivered meal, how many meals do you usually eat?
   - ☐ 0 meals
   - ☐ 1 meal
   - ☐ 2 meals
   - ☐ 3 meals
   - ☐ 4 meals
   - ☐ 5 meals or more

5. How would you rate your overall health?
   - ☐ Excellent
   - ☐ Very good
   - ☐ Good
   - ☐ Fair
   - ☐ Poor
6. Compared to 1 year ago, how would you rate your health now?
   - [ ] Much better now than 1 year ago
   - [ ] Somewhat better now than 1 year ago
   - [ ] About the same
   - [ ] Somewhat worse now than 1 year ago
   - [ ] Much worse now than 1 year ago

7. Gender
   - [ ] Male
   - [ ] Female

8. Age
   - [ ] Under 60
   - [ ] 60-69
   - [ ] 70-79
   - [ ] 80-89
   - [ ] 90+

9. Number of years receiving Home Delivered Meals
   - [ ] Less than 1 year
   - [ ] 1-2 years
   - [ ] 3-5 years
   - [ ] 5-9 years
   - [ ] 10+ years

10. While receiving services:
    - Did staff treat you in a friendly manner? [ ] Yes [ ] No
    - Did staff treat you respectfully? [ ] Yes [ ] No

11. Do services received from the meal program help you to:
    - Eat healthier foods? [ ] Yes [ ] No
    - Achieve or maintain a healthy weight? [ ] Yes [ ] No
    - Improve your health? [ ] Yes [ ] No
    - Eat a variety of fruits, vegetables, dairy, grains and protein? [ ] Yes [ ] No

12. How satisfied are you with:
    - The way the foods smells. [ ] Always [ ] Sometimes [ ] Never
    - The way the food looks. [ ] Always [ ] Sometimes [ ] Never
    - The way the food tastes. [ ] Always [ ] Sometimes [ ] Never
    - The variety of foods. [ ] Always [ ] Sometimes [ ] Never
    - The temperature of the foods. [ ] Always [ ] Sometimes [ ] Never

13. Do you feel that you know more about nutrition after receiving nutrition education?
    - [ ] Yes
    - [ ] No
14. Would you say the meal program has helped you?
   □ Yes  □ No

15. If yes, how has the meal program helped you?
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________

16. What recommendations do you have to improve the meal program?
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________